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CLINICAL LECTURES.

HYPNOTISM IN HYSTERICAL PARAPLEGIA.—NIGHT TERRORS.—LEAD-POISONING.[1]

BY H. C. WOOD, M. D.,

PROFESSOR OF NERVOUS DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

Gentlemen: Our first patient, to-day, is a woman, 55 years old, admitted to the hospital one month ago. Her history runs as follows: Three weeks before admission she had experienced a tingling in the fingers, accompanied with a loss of taste. This was followed by numbness in the lower limbs and heaviness of the feet. In one week's time, she could not stand upon her feet. In this condition she was admitted. There was no loss of control over the bladder or bowels, and there was no loss of sensation in the limbs. The reflexes were abolished, and the knee-jerk was gone. Some spots of local anæsthesia were found, but no evidence of general anæsthesia. When we find a mixture of symptoms in a woman: a crossing and contradiction of the lines of several distinct well-known nervous diseases, then look out for hysteria. There are here no marked signs of hysteria beyond a general hysterical appearance, but undoubtedly this is a case of hysterical paraplegia. To-day there is slight return of the knee-jerk, which is reinforced by muscular movement and the woman is now able to walk. She has been treated and cured by hypnotism, which is, as you know, an artificial sleep produced by various means. This form of treatment is greatly in vogue among the French specialists; its effect is supposed to be due to "suggestions" given to the patient while in this state and these "suggestions" are supposed to act after the hypnotic state has passed. The condition wished for, is made

[1] Delivered at the Hospital of the University of Pennsylvania.

the subject of the suggestion. It is claimed that it exerts sufficient power to even alter organic structures. Wonderful examples are cited in support of this claim. I saw in the clinic of Luys in Paris, a male patient who was told to shake hands with a certain gentleman on awakening from his sleep. He awoke, sprang up and picking out the gentleman shook him by the hand, but was unable to explain why he had done so, simply feeling an irresistible desire to perform the act. Another patient was told while in the hypnotic state, that on a day just one year from that day, he was to go to a certain house where he would see animals and outlandish sights. On the date suggested he went to this house and imagined he saw these things he had been told to expect, but which, in the intervening time, he had not been asked to recall. While standing in the Paris clinic, the idea occurred to me that the real influence was due not to the so-called "suggestion" but to the mental impression produced on the mind of the patient. Coming to the hospital and seeing the strange sights of the hypnotized patients, and expecting to be placed under a strange influence, naturally they are in a condition to be deeply and profoundly impressed. So I determined on my return to try its use without attempting to employ the "suggestion." This woman was simply hypnotized; no suggestion was made to her and the results watched. Ordinarily she would be told, while in the hypnotic state, that she would regain power in her limbs and that her present condition would pass away. All such statements or suggestions I have carefully avoided.

The next case is also a woman, age 35, who is suffering from the unusual form of hysteria, called hysterical tremors. This is a condition simulating paralysis agitans which is, as you know, an incurable disease. Luys had a man in his clinic whom he claimed was cured of paralysis agitans by hypnotism; as soon as I saw him, I was convinced that the patient had had simply hysterical tremors. He had, while I was present, an hysterical attack, and I believe that he never had anything more. Curiously enough, immediately on my return I found this case which I believe to be similar to Luys' patient. This woman is decidedly hysterical in appearance and had that constant tremor which is so characteristic of paralysis agitans. She has been hypnotized regularly and has recovered fully, also without the use of "suggestions." I have been unable to obtain that the degree of hypnotism, called the somnambulic stage, undoubtedly on account of the less sensitively formed nervous systems of our American patients. As we approach the Latin races of Europe, we find them far more susceptible to hypnotic influences than the races living in the north of the continent; this is due to the more highly developed nervous systems of the southern people.

There are three types of hypnotism, the cataleptic, the lethargic, and the somnambulic; the cataleptic, we can produce in this woman, and undoubtedly we could give her "suggestions," but unfortunately she is so deaf that the effort of hearing awakens her from her cataleptic state. The somnambulic stage we have not been able to produce; it is far easier to produce in a member of the Latin race than in the class of patients which we meet here. Our patient was hypnotized by the use of revolving mirrors, on which she was told to keep her attention, showing that hypnotism is not due to the power of the operator, but can be produced by mechanical influences. There are a number of ways of inducing the hypnotic state, used by different physicians. They consist in some modification of sensory impulses from the periphery of the body. Stroking the eyelids gently, gazing steadily at some bright object, gentle friction or pressure on various parts of the body, all accomplish the purpose in different cases. In other cases where we tried hypnotism, we have not met the success which we have seen in these two cases.

Night-Terrors.

Our next patient is a boy, eleven years old, whom his father brings to us for "night terrors." At first, the attacks occurred in the night; the boy waking his parents with his screams and yells. These began when he was but three years old and continued steadily up to May, 1889. He was always wakened with difficulty and at times had that condition of perverted consciousness, in which he recognized his parents, but believed himself beyond their help or sympathy. But six months ago the character of the attacks changed; he was seized in the day-time with a curious spell, in which he ran in a circle and fell upon his face. When picked up he was unconscious and restored to sensibility with difficulty. Two weeks

later he had another similar attack. Three weeks after this, on rising early in the morning, he lay down, had a tremor and a little froth was noticed at his mouth. This attack lasted three minutes. He does not know when the attack is coming on, and since they are instituted the night terrors have ceased.

Night terrors are not rarely the precursors of epilepsy; therefore it is necessary to blunt as far as possible the sensibility of the little patient. Stimulants must be avoided, coffee, tea, and similar articles; study should be laid aside, farm-life is excellent, for hygenic purposes; and the case encouraged to all sorts of out-door athletic sport. This boy is a farmer's son, and has led a busy, outdoor life, but in his case I believe the trouble to be epileptic. If put on the bromide treatment, we can accomplish a great deal, although an actual cure is doubtful. With conscientious treatment, we may be able to make the attacks come years apart.

Argyria.

The next patient is a Pole, unable to speak or understand English; so his history is more or less in doubt. He is extremely anæmic, as you would expected in lead-poisoning; he has the blue line along the gums, and he is, we have learned, a worker in lead. But on turning down his upper lip we find it discolored with lead. In argyria, this point is the first to look for discoloration, the silver staining appearing here before it shows in the skin, but this is the first time I have seen such a thing in lead-poisoning.

Sawdust as a Dressing for Wounds.—*Cosmos* suggests the use of fine soft sawdust as a dressing for wounds, and as a vehicle for medicaments or antiseptics. It says that the dust, freed from splinters and sharp bits of wood by sifting, when used alone and dry, makes a clean and grateful dressing; that it readily takes up and holds the discharges without packing or adhering; and that it is easily rendered antiseptic by any of the methods used in preparing antiseptic cotton or wool. The *St. Louis Medical and Surgical Journal* suggests that our yellow pine sawdust, rich as it is in turpentine, would prove of itself a valuable antiseptic application.

FRACTURE OF THE INFERIOR EXTREMITY OF THE RADIUS AND ULNA; FRACTURE OF THE ELBOW JOINT; PERFORATIVE APPENDICITIS, ABDOMINAL SECTION, EXCISION OF THE APPENDIX.[1]

BY THOMAS G. MORTON, M. D.,

ONE OF THE ATTENDING SURGEONS TO THE PENNSYLVANIA HOSPITAL, PHILADELPHIA.

Fracture of Radius and Ulna.

Gentlemen: I am able to show you this morning specimens illustrating fracture of the inferior extremity of the radius and ulna. It is very unusual to obtain recent specimens of such fractures, for injuries of this kind almost always end in recovery. The patient from whom this specimen was obtained was admitted to the hospital with compound depressed fractures of the skull, complicated with grave injuries elsewhere. In a few hours the patient died.

These photographs I show you of the hand and forearm show very well the deformity which was originally described by Velpeau, and which is now generally known as the "Silver Fork" deformity. An examination of the dissected bones shows an irregular, transverse fracture of the radius half an inch above the wrist joint. On the outer side of the inferior radial fragment we find a vertical fracture, which extends into the carpal articulation. The extreme end of the styloid process of the ulna is also fractured. The upper fragment of the radius was driven under the lower fragment and firmly held by the soft parts in this position.

There was no impaction, and no dislocation of the ulna. As I hold the fractured bones in this position, the result of the accident, you can readily observe the deformity to which I have already called your attention.

The treatment of all fractures in this region consist, first, in promptly reducing the deformity; and it is always advisable to place the patient under ether. The splint may suit your convenience—a single straight, or two straight splints, one on each side of the arm, is all-sufficient. Some surgeons prefer the pistol-shaped splint; others, the Bond splint, which is somewhat curved outward;

[1] Delivered at the Pennsylvania Hospital, Nov. 9, 1889.

at that part on which the hand rests, either a block of wood, or a roller bandage is fixed so that it shall be grasped by the hand. Such a dressing permits free movement of the fingers. No matter what apparatus, however, is used, be certain that you reduce the fracture.

Fracture of the Elbow Joint.

This patient was admitted a week ago with an injury about the elbow. There was pain, swelling, deformity, and crepitus, on account of the swelling. The arm was simply placed on a pillow, and elevated; then covered with towels saturated with lead water and laudanum. On the subsidence of the swelling the arm was placed upon a right angle splint, and carefully bandaged from the hand to the shoulder, to hold together the separated condyles of the humerus, and also to keep the arm at rest.

In treating fractures avoid early tight bandaging, for considerable swelling is likely to take place as a result of the injury.

In a fracture of the middle of the forearm, see that you have the arm in a correct position, and the radius and ulna normally separated; the thumb should be upward and outward, and the palm of the hand present somewhat upward and toward the patient. Two splints are all that is required; one should be on the inside, extending from the bend of the elbow to the ends of the fingers, and the other on the outer side from the elbow to the wrist, or slightly beyond the carpus.

In fractures of the olecranon a straight splint should be applied from the middle, or upper third of the arm, to the wrist or hand; after three weeks, gentle flexion of the elbow may be commenced, and, generally, the union is good. If there is some separation of fragments, as sometimes occurs, with fibrous union, no serious results need be anticipated. I have never seen the necessity for wiring a fracture of the olecranon, but there would be no danger in so doing under the present methods of wound treatment.

For fractures of the humerus, at any point, a right angle internal splint is all that is required, but the simplest and best form of splint is that which the patient supplies in his chest wall which answers admirably. A towel or some old linen, or other soft substance, should be placed on the patient's chest, the arm is then confined to the side by a roller bandage, which should be carried over the shoulder; a pad of cotton may be required to overcome any deformity. Such a dressing should be changed every second or third day, until union has taken place. An external pasteboard splint, moulded to cover the shoulder and arm, answers a good purpose in steadying the fractured bones. The weight of the arm, however, is generally sufficient to overcome any disposition to deformity.

It is well in fractures of the elbow joint to use flexion and extension very early, by this means we overcome in a measure the disposition to partial or complete anchylosis; if the latter is likely to occur, let the angle of anchylosis be an acute rather than a right angle, the former being so much better for future use to the patient.

Perforative Appendicitis; Abdominal Section; Excision of the Appendix Vermiformis.

On Nov. 5 I saw, in consultation with Dr. C. H. Shivers, of Haddonfield, N. J., a lad of eleven years who had a few days before been accidentally struck by the handle of a spade in the right iliac region; intense pain followed, but the boy was not wholly confined to his bed until the day subsequent to the injury; on the fifth day there was a temperature of 101⅘°, pulse 110, respiration 44, dry tongue, right iliac region very tense, exceedingly painful to slightest touch; no pain on left side of belly, there was no localized fulness or tumor, and no dulness on percussion; the bowels had been kept freely moved by salines. The boy had two days before a very slight rigor, and followed by decided perspiration; careful inquiry brought out the fact that on very many occasions during the previous two or three years, the boy had attacks of colic, thought to be due to an internal hernia, the symptoms disappeared, but the pain, however, was always in the appendix region; with this history I felt convinced that there had been chronic appendicitis, with probably a foreign body in the organ, and the injury produced by the blow of the spade handle had lighted up an attack of acute inflammation in the already diseased appendix, which becoming ulcerative had ended in perforation, and that although all of the symptoms of abscess were not present, yet undoubtedly pus had formed, and as the boy had progressively grown worse, the danger was from extension of inflammation, or the abscess bursting into the peritoneal cavity. Lat-

eral abdominal section was performed on Nov. 6; the incision began an inch above the middle of Poupart's ligament, and to the outer side of the right linea semilunaris and was continued upward and outward for four inches; reaching the colon, and turning this in search for the appendix, an abscess was found containing from an ounce and a half to two ounces of very fetid pus; the appendix was found partially glued to the cæcum; it is enlarged, as you see, thickened and covered with lymph, and showing a perforation, which was responsible for the whole trouble. This intestinal concretion was found in the perforation; a silk ligature was placed on the appendix close to its root and the remainder was excised. The peritoneal cavity was flooded with large quantities of recently boiled water; a large glass drain tube was inserted into the wound and carried to the bottom of the pelvis and a rubber tube was placed in the abscess cavity alongside of the colon; the wound was then brought together with silk sutures; a flannel bandage and a mass of absorbent cotton held the tubes in position; milk was ordered at short intervals. The glass drain tube is kept in working order by a rope or wick made by twisting absorbent cotton. This can be changed as often as it becomes saturated with secretions from the belly cavity, and before a fresh wick is replaced the tube should be pumped out by a long-nozzled syringe. The bowels in such cases should be kept in a soluble condition after the operation by calomel and salines, there is no occasion for the use of opium, while threatened peritonitis should be treated by active purgation by salines.

The very great importance of this subject may be better understood by you, when, it is stated by Mr. Treeves that in England, alone, more than two thousand persons die of peritonitis, and it is probable that a very large proportion of these cases result from appendix disease, and I have already said that this worse than useless organ must be regarded as the root of most evil in the region under consideration.

From numerous dissections I have found that the normally placed appendix can always be found immediately under a point two inches distant from the right anterior superior spinous process, and on a line drawn horizontal from this process toward the median line of the body. There are of course many cases of simple typhlitis, which recover without operation, but a tedious recovery, recurrence, or relapse, point to a probable presence of surroundings exceedingly dangerous to the patient, and to the appendix as the source of the trouble. When the diagnosis of pus, even a small amount, has been made, the course for the surgeon to pursue is plain; indeed, now and then without positive diagnosis of pus, it would be safer to operate than to take the risk of having suppuration so near the peritoneum.

The foreign body usually found in the appendix, as in the specimen I show you, is composed of inspissated fecal matter; occasionally other substances find their way into the organ, but such is the exception. In about 80 per cent. of autopsies, the appendix will be found more or less occupied by fecal concretions. These are apt to be soft and easily indented by the finger nail, though at times salts are deposited in this material and calculi or enteroliths are thus formed.

In amputating the appendix a silk string should be tied upon the base of the appendix as near to the cæcum as possible.

The position of the perforation in these cases varies, but probably the opening takes place near the situation of the foreign body; occasionally the extreme end of the organ sloughs. In the specimen before you the perforation was found half an inch from the end of the appendix.

I have so far made the diagnosis of perforation of the appendix with abscess and performed abdominal sections, in seven cases, with two deaths. Of the latter, one was a child, four years of age, in a state of collapse when the operation began, the second case I saw in consultation with Dr. E. E. Montgomery, of this city; the patient was a woman 50 years old, who had refused operation and only consented when in condition of collapse. She died in four hours. Four of the six cases have recovered; the last case, the one which I have just related to you, is in a fair way to recovery, for all the symptoms are most favorable.

In regard to the removal of the drainage-tubes, I may remark that so long as the secretion from pelvic cavity is considerable or there is the least odor the tube must remain; when there is little or no secretion it can be removed, when a rubber drain should be substituted, which, day by day, should be drawn outward and an inch or more removed. The discharge from the abscess region after a day or two readily reaches the surface without the rubber tube, so that very

early the latter can be dispensed with. Complete healing of the wound generally occurs in from four to six weeks.

COMMUNICATIONS.

IS INEBRIETY A DISEASE?

BY WM. F. MITCHELL, M. D.,
ADDISON, PENNA.

Without attempting any scientific discussion of this subject, the writer may be excused for offering a few thoughts in the columns of the REPORTER.

Theorists claim that drunkenness is as much a disease as inflammation of the brain, and that the disease is or may be one of heredity. In the REPORTER, Sept. 28, 1889, Dr. T. D. Crothers, of Hartford, cites a case at some length, in regard to a man who deliberately killed his wife. This man, after committing the crime, sauntered around the house for an hour or so, then walked over to a saloon, and drank several glasses of spirits, after which he gave himself up to the authorities.

The man's conduct in jail, for the next six months, was without note, excepting that he was depressed and melancholy, which one would naturally think a proper state of mind for such a villain to be in. The man made a plea of alcoholic insanity, or, in other words, emotional insanity; the refuge of so many cowardly murderers nowadays.

Dr. Crothers thinks his plea a just one, for some seven reasons. The criminal inherited alcoholic diathesis; he began to drink in his childhood; he did not live happily with his wife; had recently threatened to kill her; he had been violent at times, when drunk—which is a very common thing, in my experience, with drunkards,—and, of course, sorry for such actions when sober; he showed great excitement one week before the murder,—drank more than usual, is the inference—and because his wife went to church without his consent, he deliberately shot her while she slept. He was delirious and melancholy afterwards, up to the time of his trial—which condition would hardly occasion much surprise—and from all these alleged facts, Dr. Crothers testified his mind was unsound, and that he was irresponsible. The prosecuting attorney very properly, I think, argued that "intoxication was no excuse for crime," and "that no man can claim exemption from the law or the duty he owes his fellow-man, by saying he was without reason and control of himself," in consequence of having voluntarily made himself an outlaw by his actions. Dr. Crothers comments at length on what the medical experts said, and the charge of the Judge. The prisoner was righteously convicted, but died before execution. This is a fair sample of many cases cited in recent years by Dr. Crothers, only this is, perhaps, the only one who committed a murder when he had this alleged disease.

Dr. Crothers then comments further on this and other cases, holding the idea all the way through, that, because a man, endowed by the Creator with more than ordinary intellect, capable of making money, and accumulating property, deliberately gets drunk, and keeps on getting drunk, until he commits a monstrous crime, is to be held as irresponsible, ignoring the patent fact that this man, as an intelligent being, knew the consequences that would follow his indulgence in the vice, and the Doctor finds considerable fault with others, who differ with him in their views on this subject. Suppose Dr. Crothers' man had been acquitted, as he thinks he ought to have been, I presume his "melancholy and depression" would have left him, and, since Dr. C. does not say what disposition should have been made of him, doubtless he would have had him turned loose, to get another violent spell, and be ready to sacrifice another innocent life. Only a few weeks ago such a murder case was tried in the court of this, Somerset, county, the murderer being convicted of murder in the second degree, and an identical case with Dr. C.'s is on trial now in Pittsburgh, the plea being alcoholic insanity. A celebrated lawyer is employed by the defense. How do all such theories as these protect society? Who knows when he or she is safe? No man can tell when he leaves home how soon he may meet a man who has this dread disease of alcoholic insanity, or how soon his wife may be a widow, or his children orphans. A great many physicians think drunkenness is produced, many times, by the use of alcohol prescribed during some illness by the attending physician. In an experience of more than twenty-four years, I do not know of a single instance of any person becoming a drunkard because alcohol

had been prescribed, and I have made careful inquiry among the neighboring practitioners, and they all have a like experience. I always prescribe alcohol in some form, when it is indicated, as do all practitioners with whom I am acquainted. On the other hand, however, I know many individuals who became drunkards from choice, and by associating with evil companions.

I do not believe in the heredity of this vice. In the neighborhood where I practice, I know a number of men who were notorious drunkards themselves, and who raised large families of boys, not one of whom follows in his father's footsteps, so far as drunkenness is concerned, while I know whole families of boys who became drunkards—in whose ancestry there was no trace of the vice as far back as the generations were known—simply because those with whom they were associated were of evil habits, and their influence bad.

How a vice can be considered a disease, is beyond my comprehension, for any sane man knows that if he drinks alcoholic liquors to excess he must necessarily become a drunkard, and all he need do, to cure himself of this alleged disease, is to abstain from the use of them. The most ultra believers of this question will certainly not dispute this simple fact. Dr. Crothers' man would never have become a criminal if he had let liquor alone.

I believe, and I think the assertion is capable of demonstration, that nineteen out of twenty young men learn to drink intoxicating liquors, because, by doing so, they imagine they will look more manly in the sight of their associates, or because others want them to drink; and they have not the stability of character to refuse. For these or some other equally frivolous reasons, I presume the drinking habit is easier to acquire than the habit of using tobacco. Every boy has a desire to learn to use tobacco, and he will never be half so sick when he dies, as after his first chew or cigar will make him, yet he continues until he becomes proficient. He will spit and puff where some one can see him, vainly imagining he is a man. Drunkenness is learned for much the same reasons. I have very little patience with a physician who with light and knowledge before him, becomes a drunkard.

I have known a great many men who had drank liquor for years, whose appetites were so depraved that they would drink anything that would intoxicate, "stop short" like "Grandfather's Clock," become sober men and remain so all their lives, without any treatment whatever, and without knowing there was any such place as an Inebriate Asylum, or that some learned doctors regarded their vice as a disease. If every man who drinks to excess does as these men did, and as many men can do, I will guarantee no person will ever be afflicted with this disease.

These persons show no symptoms of disease, except what would naturally result from their vicious habits. A man may butt his head against a stone wall, and produce inflammation or congestion of the brain, or pour acids on his person until he would have something akin to phlegmonous erysipelas, but when he knows the results of such violations of nature's laws,—violations done with full knowledge of what would follow—could his deliberate actions be called a disease? He need not butt his head against a wall or burn himself with acid. Of course no one will deny that the continued use of intoxicating liquor to excess will produce changes in the system, and ultimately certain conditions, worse, perhaps, than anything that can afflict a man, yet the fact remains that the cause or these conditions—the vice of drunkenness—is not, nor cannot, be a disease. If a man is born with some deformity, or if he inherits tuberculosis, or some such disease, he is to be pitied, but when he diseases himself, by getting drunk, he deserves no sympathy. No man ever lived who could not stop drinking if he wanted to, even admitting, which I do not, the heredity of the vice. A man who has not the will power, or, rather, who will not exercise it, for he has it, to stop a vicious and dangerous habit, without going to an Inebriate Asylum for treatment, is of very little account in this world. The same may be said of any other useless and injurious habit—tobacco, morphia, etc.—and how unmanly it sounds to hear a sane man say "I would gladly quit the use of whiskey, morphia, or tobacco, if I could, but I can't." As if a man, formed after the image of the great Creator himself, should acknowledge his inability to govern a depraved and morbid appetite.

In a recent notice, in the REPORTER, of a book by Dr. Kerr, who cites the case of a clergyman, exactly after the fashion of Dr. Crothers, for whose downfall there was no earthly excuse, the REPORTER well says: "Dr. Kerr records with such a sympathetic

touch, which explains and excuses, but does not justify the act—the case is simply one in which a man yielded to temptation, and became a drunkard," and the "act which made him so was not caused by disease."

Here we have the whole thing in a nutshell, so plain, it seems to me, that a "wayfaring man, though a fool, need not err therein." Let the man say to the tempter: "Get thee behind me, Satan," and he will be a sound man, so far as this disease is concerned, all his life. Suppose the opinions of Dr. Crothers, and others who believe with him, should prevail in this country, how long would it be before criminals, of all classes, would take advantage of the alcoholic insanity dodge? If a man can get released, after committing a murder, because of alcoholic insanity, a less degree of this same insanity ought to prevent his conviction for arson, a still less degree for burglary, and so on down to the petty thefts and misdemeanors. It is said to be "a poor rule that won't work both ways," and one class of criminals should have the same privilege that another has.

It is gratifying, however, to know, that courts and juries have not, yet, taken this view of the matter, and we hope, at least, that when a man,—as occurred some time since in New York—becomes alcoholically insane, and gouges his wife's eyes out, or murders her in cold blood, as Dr. Crothers' man did, to see the vengeance of the law, and outraged public opinion visited upon him without delay.

EXCESSIVE HEMORRHAGE AFTER EXTRACTION OF TEETH—A CASE.

BY C. H. M. NEALL, M. D., D. D. S.,
PHILADELPHIA.

WITH REMARKS
BY T. D. DUNN, M. D.,
WESTCHESTER, PA.

Some time ago an elderly woman called at my dental office to have some teeth extracted. She enjoyed excellent health, and is the mother of two children. I gave her an anæsthetic—nitrous oxide gas—and extracted on the right side of the upper jaw the second bicuspid and the first molar, and on the left side the first and second bicuspids, and the first, second, and third molars.

Before leaving my office, the hemorrhage ceased. About two hours later the patient returned with copious hemorrhage from the right side of the upper jaw, but no hemorrhage from the opposite side. I cleaned out the cavities separately, and applied Monsell's solution on cotton.

The blood pressure was so strong as to wash the compress out completely of the cavities. Finally, by strong compression by means of a roller bandage, I checked it to a certain extent. The hemorrhage then came out of the ear. The patient was very much exsanguinated from the loss of blood. I gave internally gallic acid with ergot. After I had checked the hemorrhage, I applied the actual cautery to the alveolar cavities. It was fully one hour from the time the patient came in until she departed for her home. I was told by her physician that after she arrived home—which was about twenty miles from the city—the hemorrhage returned, and that he had the same trouble as I had had. I cannot understand why the hemorrhage was only from the right side. I pulled out more teeth on the left, and larger ones. I have heard that this woman would bleed for hours if she cut any portion of her body or even scratched her hand. This is said to occur only when she is cut upon the right side of the body. If she happens to cut herself on the left side, she will bleed only a short time.

Remarks by Dr. T. D. Dunn.

Unfortunately, in Dr. Neall's interesting notes there is no mention of a family disposition or tendency to bleed, without which there must be some uncertainty whether or not the patient is a true subject of the congenital and hereditary disease, hemophilia, which is the most hereditary of all diseases. The most remarkable family of bleeders on record lived in the village of Tenna, in the canton of Graubündten, as described by Anton Hoessli, who has traced the disease in his family to the year 1640, or for nearly 300 years. I think the fact of the bleeding being confined to the right side of the body in Dr. Neall's case is a mere coincidence. I can find no record of unilateral hemorrhage in this disease, and it would not be in accordance with our knowledge of its pathology. Probably, as has been pointed out, "two circumstances combine in hemophilia—a congenital frangibility of the vessels, and a defect in the coagulability of the blood; but whereon these depend we are as yet entirely ignorant."

The tendency to bleed after extraction of

the teeth, as after all minor operations, is exceedingly common in hemophilia. Hemophilists seem predisposed to rheumatic toothache, and frequently apply to dentists who are unaware of the bleeding tendency, instead of their medical adviser. They should, therefore, be especially warned of this danger by the family physician.

The treatment of Dr. Neall's case was very judicious. In several recorded cases, after the introduction of cotton into the alveolus, a cork has been trimmed to fit the cavity and by closing the jaw, held sufficiently firm, to control bleeding, the pressure being gradually withdrawn as the hemorrhage ceases. Ranger, in St. Thomas's Hospital Reports, vol. vi, p. 121, advises that an impression of the jaw should be taken with plaster of Paris mixed with salt and warm water, the jaw to be held in position by a compress and bandage. Before taking the impression the mouth should be thoroughly cleansed of blood.

The quantity of blood lost after extraction of teeth has in some cases been enormous. Krimer reports a case in which four and a half pounds of blood were lost in twenty-four hours, and Schaefer's case lost four pounds daily for several days after an extraction. Dr. R. Coates relates a case in the *North American Medical and Surgical Journal*, vol. vi, page 45, 1828, in which three gallons (24 lbs.) were lost in eleven days. Several bleeder descendants of Dr. Coates' patient have come under my observation and are reported in the *American Journal of the Medical Sciences*, January, 1883. The marked tolerance of bleeders for great losses of blood and the rapidity with which they recover after them are even more remarkable than the severity of the hemorrhages.

PROPOSED MEDICAL CONGRESS IN SPAIN.—A meeting was recently held in the rooms of the Spanish Medico-Chirurgical Society at Madrid with the view of arranging an international medical congress to be held at Madrid in 1890. Though the proposal received influential support, the general feeling was that it would not be desirable to organize a gathering which should in any way clash with the congress at Berlin. The suggestion was thrown out that an attempt should be made to have the eleventh International Medical Congress held at Madrid in 1893.

UMBILICAL HEMORRHAGE: ITS TREATMENT.[1]

BY LLEWELLYN ELIOT, M. D.,

WASHINGTON, D. C.

Without entering into the etiology, the pathology, or the morbid anatomy of umbilical hemorrhage in the newly-born, I shall preface the introduction of my cases by a few general remarks upon the subject.

Text-books on Obstetrics, Diseases of Children, and General Medicine are mostly unsatisfactory in their treatment of this accident, and it is to journal articles we must have recourse for what is known concerning it. This neglect upon the part of teachers is due solely to the generally accepted belief that it is a rare occurrence. In this opinion I must differ, for cases of umbilical hemorrhage are not generally reported by physicians, owing to the fear of being charged with carelessness; again, midwives and nurses never report them. Where death follows this loss of blood, the death is stated to be from some other cause, as icterus neonati or congenital debility, since few of us care to record a death from hemorrhage.

Umbilical hemorrhage, in the newly-born, arises from carelessness in applying the ligature to the cord, forcible avulsion, fungoid excrescences following the separation at the point of ligation, or it may be of spontaneous origin. The blood is thin and watery, does not coagulate readily and may have its origin either in the arterial, the venous, or the capillary system. More cases occur in males than in females.

Accepting the figures of Dr. Joseph S. Gibb[2] as given by Hennig[3] and by Keiller[4] there were reported from 1752 until 1881, two hundred and thirty-six cases of umbilical hemorrhage. He adds one case occurring in his own practice; one reported by Dr. T. F. Prewitt,[5] one by Dr. W. H. Rouse,[6] and two by Dr. Boardman Reed;[7]

[1] Read at the meeting of the American Association of Obstetricians and Gynecologists, Cincinnati, September, 1889.

[2] Gibb, Jos. S., Phila. Med. Times, Vol. 14, 1884, p. 616.

[3] Hennig, C., Handbuch der Kinderkrankheiten, 1877, p. 101.

[4] Keiller, A., Edin. M. J., Vol. 26, 1880, p. 389.

[5] Prewitt, T. F., St. Louis Cour. Med., Vol. 4, 1880, p. 69.

[6] Rouse, W. H., Mich. Med. News, Vol. 4, 1881, p. 38.

[7] Reed, Boardman, Med. and Surg. Rep., Vol. 54, 1881, p. 342.

making in all two hundred and forty-one cases. To these I have to add one case reported by M. Louis Hirigoyen,[1] one by Dr. D. E. Sibert,[2] one by Dr. W. T. Plant,[3] four by Dr. J. Ingram,[4] one by Dr. W. H. Thayer,[5] one by Dr. Keser,[6] two by Dr. T. J. McCarty,[7] one by James Gilroy,[8] three by W. R. Dakin,[9] one by Dr. J. M. Van Cott, Jr.,[10] and my own four cases, making the total number of reported cases two hundred and sixty-one.

The treatment of umbilical hemorrhage is both local and constitutional. The local means employed consist in a new ligature, compression, the application of tannic acid, subsulphate of iron, acetate of lead, spirits of turpentine, plaster of Paris, collodion, and the ligature en masse. Those of a constitutional character consist in good milk diet, calomel, sulphate of soda, the tincture of the chloride of iron, aromatic sulphuric acid, the fluid extract of ergot, brandy, and a general tonic course. These means are many times unsuccessful, the child is jaundiced, weak, and exsanguined, and death must be the inevitable result. In such cases, there is one treatment which should receive the attention it merits, this is the performance of a laparotomy and the passage of a ligature about the cord, before its exit from the abdomen. This operation is difficult, is dangerous, and may prove unsuccessful, but it is the veritable last straw thrown to the drowning man, and even though death would not be prevented in some cases, the number that would recover would more than balance the risks assumed in doing the operation. My convictions upon this point are strong, and I write as an enthusiast. Although the only case in which I employed this treatment proved fatal, the fact of the arrest of the bleeding after the ligature was applied, leads me to believe, that had the operation been made before the child was exhausted, by bleeding, and therefore much valuable time lost, the result would have been different. As abdominal surgery is fast taking a place as an assured success, I can see no reason for this accident being denied the benefits of an early active treatment. Intelligent parents will permit any operation that promises even a shadow of success.

Case I.—In the winter of 1880, I was called to see Daniel B——, colored, aged three days. Physical condition good. Both parents healthy. Bleeding occurred on the morning of the third day, but was not very profuse. It was controlled by a new ligature, compression, and the application of Monsel's salt. Condensed milk was given by the rectum, and small doses of calomel to overcome the constipation and the beginning jaundice. This child recovered.

Case II.—E. W——, female, colored, born April 7, 1881, after an easy labor. Hemorrhage followed forcible traction on the cord by the mother. Pressure, styptics, and astringents failed to check the bleeding. Ligature en masse succeeded, but the child died exsanguined the same day.

Case III.—John A——, colored, born October 5, 1881, after a slow and tedious labor. Hemorrhage followed accidental traction on the cord on the third day. Styptics, astringents, compression, and the ligature en masse failed to check the hemorrhage. The child died on October 9.

Case IV.—Louisa A——, colored, born at one o'clock on the morning of March 19, after an easy labor of ten hours. The child was in a fair general condition. Meconium passed in due time. Hemorrhage from the umbilical cord occurred at eight o'clock on the night of March 19, as a slight oozing, which rapidly increased. A new ligature and a compress were applied with partial success. At half-past ten o'clock on the morning of March 20, I saw the case. The child was jaundiced, the evacuations from the bowels were white and clayey. The bleeding continuing, pins were passed through the umbilicus and thread twisted around them (the ligature en masse). This was successful for a short time, when bleeding again occurred. At eleven o'clock that night, the persulphate of iron was applied. At twelve o'clock on March 21, after administering the "A C E" mixture, the pins were removed, an incision made along the side of the umbilicus, and a ligature

[1] Hirigoyen, L., Mém. et Bull. de la Soc. de Méd. et Chir. de Bordeaux (1883), 1884, p. 392.
[2] Sibert, D. E., Archiv. Pediat., Vol. 1, 1884, p. 307.
[3] Plant, W. T., Archiv. Pediat., Vol. 1, 1884, p. 376.
[4] Ingram, J., Louisville Med. News, Vol. 18, 1884, p. 131.
[5] Thayer, W. H., N. Y. Med. Jour., Vol. 42, 1885, p. 434.
[6] Keser, Lancet, London, Vol. 2, 1886, p. 1179.
[7] McCarty, T. J., South. Cal. Pract., Vol. 2, 1887, p. 211.
[8] Gilroy, James, Lancet, London, Vol. 1, 1888, p. 621.
[9] Dakin, W. R., Lancet, London, Vol. 1, 1889, p. 626.
[10] Van Cott, Jr., J. M., Brooklyn M. J., Vol. 1, 1888, p. 219.

passed around the cord before its exit from the abdomen. The wound was sutured and dressed with a pad of borated absorbent cotton and adhesive strips. This controlled the hemorrhage. The jaundice was more marked. The child, twice during the operation, showed the over-effects of the anæsthetic, and was with difficulty revived. There was no further bleeding. The child gradually grew weaker and died at two o'clock on the morning of March 23, thirty-eight hours after the operation. No *post mortem* was allowed, but close examination showed a small tear in the cord at its exit from the abdomen. The attending physician had administered calomel in small doses, paregoric and stimulants, had applied pressure, a new ligature, and persulphate of iron without effect.

The father was a bleeder, and the mother's health during her pregnancy was not good.

I trust obstetricians will give this subject more of their attention than they have heretofore done.

CONGENITAL SINUS OF THE URACHUS.[1]

BY A. VANDERVEER, M. D.,
ALBANY, N. Y.

Miss H. N., aged twenty, whose case I was requested to see with Dr. Du Bois, of New York, presented the following history:

Her mother stated that ten days after her birth the nurse discovered an unusual discharge from the umbilicus. The family physician's attention was called to it and he thought it was the result of delayed healing of the vessels of the umbilical cord. The discharge continued at irregular intervals, at times being very profuse, then quite subsiding; but for the past two years had been very distressing, in that the discharge had been more profuse and very offensive, also an unpleasant, sickening sensation so that she was unable to bear the weight of her clothing and was prevented from horseback riding or any other active exercise. From the parts above the navel there exuded at times a sebaceous substance quite sticky and very offensive in odor and which excoriated the parts somewhat. On May 20, 1886, patient was given an anæsthetic, and I found no difficulty in passing the probe down into the sinus some three inches towards the superior fundus of the bladder. The parts were carefully incised, the sinus thoroughly opened up, and I was quite surprised to notice its length, also the depth, as I was obliged to divide the tissues from the linea alba down to the sub-peritoneal space. The parts were thoroughly curetted, and lower portion brought together with sutures, and the upper part carefully packed with iodoform gauze and allowed to granulate. The union was perfect about the lower part of the incision, and the upper part healed gradually after about four weeks of treatment. The patient recovered, expressing later on, at the end of two or three months, the most marked relief from all her previous symptoms, and a complete recovery from the disagreeable discharge and odor that had annoyed her for so long a time. I do not know that there are any particular points of interest in the case except as to the previous treatment which had been carried on in the most intelligent manner possible, and was very thorough, but failed, so that the operation seems entitled to the credit of recovery of the patient.

These cases are somewhat rare and unique; very few are reported, yet it is fair to assume that a sinus of this kind is formed by the remnants of the urachus or allantois of fetal life. Cysts of the urachus have been reported occasionally, but this case did not partake of so formidable a nature as that.

[1] Read at meeting of Amer. Ass'n of Obstetricians and Gynecologists, Cincinnati, Sept. 18, 1889.

CASE OF HEMATO-METRO-COLPOS.

BY EBER L. ANNIS, M. D.,
LA PORTE, IND.

The article by Ferdinand H. Gross, M. D., on "Hematometra," published in the REPORTER, October 26, I read with peculiar interest, as I lately operated on such a case; or, more correctly speaking, one of hematometrocolpos.

On July 26, I was called to see a Mrs. F., of our city, married, about thirty years old, and the mother of five children, the youngest eight months old. She gave me the following history: For four months after the birth of her last child, which was normal in every way, so far as she knew, she noticed nothing unusual until the uterus began to enlarge and she suffered from severe bearing down pains. As these continued she sent for her family physician, who diagnosticated a tumor of some kind, and treated

her for some time for it. She, however, obtained no relief, and the pains becoming unbearable she sent for me. The pains were peculiar, in that they would begin at about two P. M. and last two or three hours, being, she said, "just like labor pains." They would then pass off, and she would rest well at night, but wake up to undergo the same torture on the morrow. She was pale and anemic, and to the eye presented the appearance of a woman in the sixth month of pregnancy.

On digital examination the finger penetrated about one and one-half inches, and was stopped by a dense cicatrix completely closing the vagina; above and below this a fluctuating tumor was felt. Upon examining the abdomen the enlarged uterus was found to extend to the umbilicus or slightly above. I diagnosed atresia vaginæ with hematometra, or rather, as Dr. Gross says, hematometrocolpos, and proposed an operation, which was gladly accepted. On the day following, assisted by my friend and colleague, Dr. R. O. Crandall, who after a thorough examination fully concurred in my diagnosis, I operated, chloroform being used as an anæsthetic. I separated the labia when the cicatrix came into plain view. Instead of using the trocar I divided the cicatrix with a bistoury making a small opening through which fully two quarts of a chocolate colored bloody fluid of a syrupy consistency escaped. I made no pressure over the uterus but allowed the fluid to gradually escape, this was accomplished in about thirty minutes. I then carried my dissection further, making a thorough division of the cicatricial tissue. The parts were then flooded and thoroughly cleansed with a hot carbolized solution and the patient put to bed. A pledget of cotton saturated with carbolized oil was introduced to prevent adhesion of the divided surfaces. There was no febrile reaction following the operation. The womb contracted well, and the patient made a rapid recovery. She menstruated sixty days after the operation and remains well to date. It seems to me that this case ought to impress the profession, as it certainly has me, with the importance of making post-partum examinations in all our obstetric cases to see that everything is all right, and that no lacerations, either of cervix, vagina, or perineum, have occurred. I regard this case of atresia as a result of a laceration of the vagina during labor and one clearly preventable.

FOREIGN CORRESPONDENCE.

LETTER FROM INDIA.

Grant Medical College of Bombay.—Its Graduates.—Past and Present.

BOMBAY, INDIA, September 24, 1889.

Since its establishment, this famous school has issued several graduates who have thrown brilliancy on the institution, spread fame in society, made names amongst their countrymen, gained glory throughout India, and whose early lives furnish a lesson for edification to many a medical sluggard of our times. From the list of old graduates we see two brightest gems "of purest rays serene," the brothers Dajees. Both brothers, Mr. Bhow and Mr. Narayan, have reached the very zenith of glory in their medical and social career. Their practice was, to say the least, overwhelming all throughout day and even night! Both of these eminent physicians combined native drugs in their English practice to a very great extent. They were the greatest and the profoundest botanists of India. They were scientific investigators of the virtues and properties of many native drugs. Due tribute is paid to Mr. Bhow's memory by naming one of the species of Boswellia after his name as *Boswellia Bhow Dajaania* and another species is named after Dr. Carter, the great medical investigator of India. The learning of these brothers Dajees was not confined to the medical sphere only, but they were great literati and eminent Sanskrit scholars. Both of them had become professors of Materia Medica and Botany in the Grant Medical College by force of their geniuses. They were University examiners, and sheriffs of Bombay. Mr. Bhow had a sudden paralytic stroke and died some time after that; and strangely enough his brother Mr. Narayan followed him after a year. On the same footing was Mr. Cutinho; he was just the beau ideal of a physician. From his tall figure, and a decent and grave style of his almost daily new dresses he used to impress on the mind of a stranger, that he was a physician. He had an extensively large practice, and was a very quick prescription writer. He died of some heart disease. Mr. Lisboa, a very old graduate, carries on a roaring practice since his graduation. The late Mr. Badhoorjee was also a dentist, and had a very considerable practice all throughout. Mr. P. M. Nicholson

is a very successful and accomplished physician; so is also Mr. F. Shapoorjee. The latter is an author of a work called "Management of Children." It is a splendidly got up work of a very practical nature. Mr. Dossabhai is a very old graduate and he is also an author of a work called "Every Man his own Physician." Mr. D. Jamasjee, at first a physician to an Indian prince, is now in private practice of a very extensive character. The late Mr. Khory was, with the late Mr. Badhoorjee, a pioneer of dentistry in Bombay. Many of the old graduates are now dead.

Leaving the old graduates, and coming upon the new ones, we see a roll of another set—a connecting link—between the old and the new graduates. In this roll we see Dr. R. N. Khory, a very accomplished physician, and the author of "Digest of Medicine." Mr. Gopal is a surgeon of considerable skill and ability. Dr. A. M. Kunte is a physician of a great name and fame. Since his graduation he has been an assistant surgeon to the government and Anatomical Demonstrator in the college—a very high honor indeed. Dr. Kunte was the first to acquire the degree of "M. D." in the University of Bombay. The rest of the graduates are either G. G. M. C., *i. e.*, Graduate Grant Medical College, or L. M. S., *i. e.*, Licentiate of Medicine and Surgery. Dr. Vicajee, a graduate of the University of Paris, was at first assistant chemical analyzer to the government and is an author of several pamphlets. So was late Mr. Khory, who used to issue a monthly called "Hygiene."

From 1874 commences the period of modern graduates. They have given a new direction to the medical profession. It is the joining of the Indian Medical Services. Many have joined it now. Some of them have been to England for acquiring degree there to practice in Bombay. Some have picked up some specialty, some are in the service of the native states. Others are in private practice by themselves. Native practitioners never think of partnerships. Some are doing well; others have to wait and watch their opportunity. The medical profession is overstocked. Some have got, through influence, certain dispensaries, and like other positions at a fixed salary. There are some, who are honorary surgeons to the government. Others have become teachers in the veterinary college. Their practice is not much to speak of, and cannot be compared to the overwhelming practice of the Dajee brothers or the roaring one of Mr. Lisboa; though, no doubt, that all of them earn just enough to keep them in a decent style. It is a matter of regret that none of the new graduates have made their name and fame as medical writers in journals and periodicals, or as authors, as we see in old graduates; though the facilities of journals and periodicals are far greater now than they used to be in the times of the old graduates. Among the new graduates, Mr. Kapadia is carrying on a splendid practice; so is Mr. E. F. Sethna; and no doubt, that both of them are full of promise and zeal. Mr. K. S. Engineer is a very skillful practitioner and an able teacher in Botany, Pharmacy, Materia Medica, and Chemistry in the Bombay Veterinary College. He has been an assistant surgeon to the government since last 12 years. Mr. J. P. Nicholson—the son of the celebrated practitioner, Mr. P. M. Nicholson, of whom I have said above—is a very simple and modest young practitioner, and doubtlessly he will in due course of time be just as much famous as his father is now, if not more than he. The same may be said of Mr. C. Motabhai; he is a very industrious and steady practitioner.

D. D. Bode, M. D., D. D. S.

LETTER FROM BERLIN.

Professor Brieger on Bacteria and Ptomaines.—Toxines and their Effects.—Cholera Bacilli and Cholera Colors.—Tetanin.—Auto-intoxication.

The powerful chemical actions of microbic organisms can be observed all throughout nature. The various fermentative processes, the changes in the soil after tilling, and the transformation of insoluble matters into solubles and, for plants, assimilizable ones, are all chiefly the work of micro-organisms. The study of the chemical relations of bacteria is consequently of eminent importance for the physician who desires to comprehend the symptomological aspects of diseases of parasitic origin. For it must be admitted that the mere mechanical propagation of microbes and the subsequent abstraction of albumin and oxygen from the blood, do not suffice to explain all phenomena connected with zymotic diseases. Bacteria being living organisms, it is clear that they cannot

exist except by feeding upon their surroundings, and that, on the other hand, they must excrete waste materials, which, in this instance, find their way into the circulation. The waste materials of a basic nature are clinically the most important ones, as they are able not only to damage but also to destroy the human organism. We distinguish between toxines, the more poisonous microbic excretions, and ptomaines, those of a less virulent nature. The number of chemically well-established toxines and ptomaines, which we have been enabled to prepare in a pure state is about forty-five, of which Professor Brieger has found nearly thirty himself. This number includes also the ptomaines which cause sickness en masse, such as is caused by deteriorated victuals. In the little clams (mytula edulis), of Wilhelmshafen, which a few years ago caused the death of many persons, Brieger found mytilotoxine, a body which hitherto has been found nowhere else, and which with chloride of gold forms a beautiful crystalline combination. Neurin and methylguanidin, however, which belong to the same order of toxines, can be found in various zymotic affections. The symptoms presented by a person poisoned by these little clams were a peculiar sense of constriction in the throat, mouth, and lips, burning in the extremities, numbness in the head, and a sensation as if the limbs wanted to fly upward. Every object lifted appeared of a wonderful lightness and seemingly tended to rise spontaneously. Suddenly the pupils dilated and great physical excitation set in, the patients ran about nervously until suddenly exhaustion and collapse supervened. Death was preceded by a profound fall of the temperature of the skin, violent vomiting and total loss of power. Five or six clams sufficed to cause severe attacks in adults. Some interesting experiments on animals were made with the water in which the clams had lived, and which, of course, after having been boiled did not contain any living bacteria, but only their toxine. The animals after taking this water soon began to move their heads to and fro, tried to escape under great excitement and dyspnœa, but did not get far, their legs suddenly becoming paralyzed. The muscles refused to work, and the animals sank down in utter exhaustion and perished during convulsions. Even after death the activity of the toxine does not cease, but being no longer impeded by the vital resistance of the cells of the organism it acts on the contrary, all the more violently and hastens the dissolution of the body. New toxines arise on the seventh day after death, particularly mydaleine, which even in small doses causes the death of animals with symptoms of violent diarrhœa, vomiting, and gastro-intestinal inflammation.

Of more general clinical interest are such toxines and ptomaines as arise from the actual virulence of certain bacteria. Staphylococci and streptococci, the microbic causes of pyemia and septicemia, present different chemical relations and consequently different manifestations of their destructiveness. From cultures of Koch's typhus bacillus we can prepare a toxine called typhotoxine, which injected into guinea-pigs causes paralysis of the voluntary muscles and increase of the salivary and intestinal secretions. The chemical virulence of Koch's cholera bacillus is particularly terrible, it generates, together with various special toxines, tetra- and penta-methylendiamin and methylguanidin.

This chemical action of the cholera bacillus explains the local intestinal irritation, the violent diarrhœa, the loss of the coagulability, and the varnish color of the blood, the frigidity and muscular cramps, and even the peculiar odor of the expired air of cholera patients. It is peculiar to the cholera bacillus that it abstracts from the soil on which it is artificially cultured certain substances which, after addition of concentrated sulphuric acid, produce a beautiful blue or burgundy-red fluorescent color. The colors thus produced are known by the name of cholera-blue, or cholera-red, and are genuine dyes.

From an arm just amputated from a tetanus patient we can prepare tetanin, a most virulent poison. Tetanin is a toxine excreted by Nicolaier's tetanus bacillus which originally exists in the soil, but, as Rosenbach has proved, can emigrate to the human organism. Besides this toxine the tetanus bacillus is capable of producing four other highly virulent toxines. Introduced into the animal organism the tetanus bacillus produces violent muscular spasms, cramps, and lock-jaw, with its usually fatal results. It is singular, that the introduction of toxines into the organism deprive the latter of its power to resist the entrance of dangerous or specific microbes. This, of course, constitutes a highly dangerous property of toxines. Hueppe has proved, that cholera bacilli, which could not enter the healthy organism, find their way

into the latter readily and in great numbers, if their toxines have been previously admitted. The experiments of Ehrlich and Brieger have also proven that the specific poison of typhus renders the system susceptible to the admission of the microbes of malignant œdema, which are harmless to a healthy organism.

Further studies on the chemico-bacterial poisons will probably decide whether the hitherto only hypothetical doctrine of the auto-intoxication of the human body can be regarded as a scientific fact. Much more desirable, however—and this is within reach of probability—would be the capacity to afford to the system immunity against the immigration of pathogenic bacteria by means of inoculation with their toxines. For as bacterial diseases are principally intoxications, the degree of susceptibility to infections is proportionate to the greater or lesser susceptibility of the individual to the poisons. Trials with inoculations of devitalized cultures of pathogenic microbes have been successful in chicken cholera, anthrax, typhus fever, etc. But there can be no definite results in this regard without the employment of the toxine prepared pure and chemically. Chemistry and internal medicine will have to join hands in order to attain results which shall benefit the suffering community at large.

PERISCOPE.

The Effect of Distension of the Abdomen on Circulation and Respiration.

The effects of pregnancy, ovarian dropsy, ascites, and other diseases, leading to great distension of the abdomen, in impeding respiration and disturbing the action of the heart, though there is little unanimity or precision in the opinions that are entertained respecting them, are generally admitted. Such affections are, indeed, of a chronic nature; the abdominal walls have time to yield, and the organs both in the abdomen and in the chest are enabled to accommodate themselves to the altered conditions; but we are not aware that any experiments have been undertaken to determine the effects of sudden distension of the abdomen in animals until the appearance of a paper by Dr. G. Heinricius, of Helsingfors, recently published in the *Zeitschrift für Biologie*. It is generally believed that in pregnancy there is marked increase in the tension of the systemic vessels, and that as a consequence the heart undergoes hypertrophy; but, although such statements are to be found in almost every gynecological text-book, the evidence on which they rest is extremely slender. In order to determine whether any obstruction to the circulation, which may exist in the uterine vessels in pregnancy would raise the general blood pressure, Dr. Heinricius first performed the very simple experiment of tying the aorta just above its division into the iliacs, and found that in four rabbits no change took place in the arterial tension of the carotids. Hence no effect was to be expected from ligature of the uterine arteries, nor from any such obstruction as might proceed from their distribution in the pregnant uterus and in the placenta. He next proceeded to ascertain by experiment the effects of distension of the abdominal cavity in the rabbit and cat. He employed a double canula, which was introduced through or at the side of the linea alba by a small puncture in narcotized animals; one arm of the canula was connected with a vessel containing normal saline solution at the temperature of the blood, and the other with a manometer. Arrangements were further made to record graphically the respiration and the blood pressure in the carotid. The respiratory and blood pressure curves were taken after each 50 or 100 cubic centimetres of the solution had been injected into the abdomen from the vessel, and the phenomena which were presented proved to be remarkably uniform. In all the experiments, which numbered fifteen, it was found that the abdominal cavity could be filled with a large quantity of fluid, so that the parietes were quite tight, without either pulse or respiration being materially disturbed. It was only after very great distension had been produced that the respirations became more frequent and deeper, the expiratory effort being particularly well marked. This dyspnœa was apparently attributable to the diaphragm being pressed upwards and the capacity of the thorax correspondingly diminished, so that mechanical obstruction to respiration was occasioned. The effect of this was that the accessory respiratory muscles were brought more into play, and the breathing became more and more thoracic in character. But these efforts soon became insufficient to compensate for

the defective action of the diaphragm. The respiratory centre became excited, but was soon paralyzed by the venous blood. The respirations underwent a change: they became first shallow and slow, then deeper; dyspnœa finally occurred, and the animal died. If we turn now to the effects of the distension on the circulation, we find that when the distension became considerable the pulse at first increased in frequency, then became fuller, afterwards less frequent, and before the death of the animal usually suddenly smaller. The arterial blood pressure first began to rise when the frequency of the pulse had considerably diminished, and then gradually fell as the pulse became smaller. Dr. Heinricius gives in the article we have alluded to numerous tracings which collectively show that the abdomen may undergo great distension without abrogation of the more important vital functions. The abdominal cavity of a rabbit can support in this way the introduction of 500 cubic centimetres of fluid without difficulty, and nearly a litre and a half of fluid can be further injected before dangerous symptoms supervene, clearly showing how extraordinarily yielding the abdominal parietes are, and affording a proof that it is not necessary to appeal to the slowness with which they are distended in pregnancy and in cases of abdominal tumor to explain the slight interference with the main functions of life that occurs in those conditions.—*Lancet*, Nov. 9, 1889.

North Texas Medical Association.

The next meeting of the North Texas Medical Association will be held in Gainesville, Texas, December 10 to 12, 1889. The meeting will be called to order promptly at 7.30 P. M.

In addition to the section work and other papers announced in this programme a number of papers and reports of cases have been promised.

The meeting gives promise of excellent scientific and social entertainment. In the last two years the Association has more than doubled its membership, and the interest in its ranks increases with every meeting. It is now established upon a firm basis and each of its more than two hundred members feels a personal responsibility and pride in laboring to promote its usefulness and further progress.

Every physician in North Texas who loves his profession, who desires his own advancement and respects ethical medicine, should attend the meetings of this Association, assist in the maintenance of its high character and encourage and foster its noted harmony.

Information on the subject may be had from J. T. Wilson, M. D., President, or Geo. R. Clayton, M. D., Secretary.

The Behavior of Germs in Milk, Butter, Whey, and Cheese.

Among the numerous labors of the Reichsgesundheitsamt, has been that of determining the behavior of certain germs of disease in various articles of food. Milk is one of the most common articles of diet; and one of the health-office collaborators, L. Heim, of Würzburg, has lately concluded a lengthened inquiry into the relations of the bacilli of tuberculosis, cholera, and typhoid-fever to it, and its products, whey, butter, and cheese. That milk is a favorite medium for dissemination of disease is well known; and Koch, among others, has shown that it is peculiarly adapted for this purpose. As regards cholera, the germs of the disease were still viable after remaining for six days in milk that had undergone no antisepticizing processes: in milk of the same character that had been kept in the ice-chest, on the other hand, no living bacteria were found at the end of three days. This part of the inquiry shows that cholera bacteria remain active in fresh milk the whole length of the time it is customary to keep it, and that they do not lose their dangerous quality for some days after the milk has become sour. The same germs were found active under some circumstances, even at the end of a month. In ordinary strong cheese they did not retain their viability over a day, neither did they in unripe cheese. The bacilli of typhoid were alive and capable of development in milk at the end of thirty-five days, but no longer so at the end of forty-eight days; in butter they remained active between three and four weeks, in cheese only three days, and in whey only during the first day. Tubercle bacilli remained capable of development for ten days in fresh milk; in milk gradually undergoing decomposition they lost their power in a period varying between ten days and four weeks. In butter, on the other hand, they retained their full power at the end of four weeks;

in whey and cheese after two weeks, but not after four weeks. The practical importance of the investigations is so obvious as scarcely to need pointing out; and their bearing on the use of milk, the preservation, carriage, preparation, and sale of it and its products, is equally obvious. Something has been done, much remains to be done, to stop the ravages of disease; and the labors of Dr. Heim are another step forward.—*Science*, Nov. 8, 1889.

Hypnotic Suggestion in Labor.

Professor S. Roman Cajal, of Barcelona, reports a case in which he abolished the pain of labor without in any way weakening the power of the uterine contractions by means of hypnotic suggestion. Ten days before his patient's sixth confinement was due, Dr. Cajal "suggested" to her, during hynoptic sleep, that her labor would be short, and that she would feel little or nothing of it. She obeyed the suggestion to the letter, and the dilatation of the os, the rupture of the membranes, and the expulsion of the fetus was all accomplished in less than half an hour. The patient was said to have had full consciousness of the contractions of the uterus, but without any sensation of pain, although the pulse was quickened and the breathing became labored, as is usual under the circumstances. When all was over she walked to bed with a firm step, and soon afterward asked for something to eat. She suckled the child on the second day, got up and resumed her domestic duties on the fifth, and was perfectly well within a fortnight from the date of lying-in. Dr. Cajal points out that the rapidity of the process in this case was not less noteworthy than the absence of pain; and this was the more remarkable inasmuch as her previous confinements had all been very long.—*British Medical Journal*, Nov. 9, 1889.

Operation on Gall-bladder.

On July 13, 1889, Dr. Terrier performed an operation which had never before been attempted in France. He established a permanent fistula between the gall-bladder and the duodenum in a woman whose ductus communis choledochus was obliterated, and who, being affected with extreme jaundice, presented very grave symptoms. Dr. Terrier has lately seen the patient, since the operation, and states that the jaundice has disappeared, the bile passes into the intestine, and the patient's health is excellent.—*Lancet*, Nov. 9, 1889.

Codeine and Morphine in Diabetes.

Dr. Mitchell Bruce has compared the effects of these alkaloids in two classical cases of diabetes. The observations extended over several months and were made with great care. The sugar in the urine was first reduced to a minimum by a strictly antidiabetic diet, and then one of the drugs was administered to both patients, and its effects on the sugar were noted. Phosphate of codeine was given subcutaneously, and the dose was gradually increased to more than twenty grains a day. After an interval on strict diet, acetate of morphine was given to both patients, up to as high as five or six grains per diem; of the two drugs, the morphine proved to be more efficacious, as under it the sugar was more completely controlled. Codeine is much more expensive than morphine, and large doses of it are necessary. Narcotic effects from morphine seldom presented themselves so long as the sugar continued to fall. Dr. Bruce found some difficulty in removing the last traces of sugar, and he suggests that in practice we should be satisfied with reducing the sugar to a small amount, rather than use the large doses required to free the urine from it completely.—*Boston Med. and Surg. Journal*, Nov. 14, 1889.

Thermo-Palpation.

It has been known for some time that there is a difference in the surface temperature of the body corresponding to the organs underneath—that is to say, the temperature is higher over the lungs than over the liver or the heart. From a communication published in the *Orvosi Hetilap*, one of the chief medical journals in Hungary, by Herr Jonás and Dr. Benezúr, it appears that this fact is available as a basis for a novel method of physical examination which may be styled "thermo-palpation." These observers say that it does not require any peculiar sensitiveness of touch or any special education to appreciate the difference of temperature on passing the fingers over the surface of the body from the situation of the lungs to that of the liver, and that patients

themselves and students who had not yet learned percussion were quite able accurately to detect the height of a pleuritic effusion by the difference of temperature. Diseased and healthy organs can be mapped out in this way by going over the surface, first, say, downwards and then upwards, when the line of demarcation will be distinctly felt. The general principle appears to be that organs containing air, such as the lungs and intestines, permit of greater surface warmth over them than more solid organs, such as the heart, liver, spleen, etc. Of course, instead of using the fingers, a differential thermometer may be employed, and much slighter differences may be recognized than is possible by the touch alone. The authors claim for thermo-palpation that it is so simple that it may be used by all practitioners as an additional method of examining their patients. Another advantage which occurs to us is that if the method is as trustworthy as they believe it to be, a good many sensitive patients will greatly prefer it to that of percussion, which, even when carried out with as much consideration for the patient as possible, is to some persons exceedingly distressing. Indeed, it is probable that some people avoid as much as possible sending for a medical man from the dread they have of being percussed.—*Lancet*, Nov. 9, 1889.

Simple Antiseptic Dressings.

The prepared antiseptic dressings now in the market are far from meeting all the requirements of the surgeon, and besides this, their preparation involves much labor and time, and often causes severe injury to the throat and eyes of those employed in their manufacture. Another, and most important point is, that the antiseptic properties of these dressings become impaired and lost after a certain time, and they are therefore of questionable value.

Dr. Oscar Bloch, of Copenhagen, in an address before the French Congress of Surgery, at its last meeting in Paris, October 12, proposed a new and simple method for preparing antiseptic gauze and cotton, the principal features of which was its universal applicability, its thoroughness, and the absence of any danger from poisoning.

Bichloride of mercury, he claimed, was a most dangerous drug to deal with, and even very weak solutions were capable of exerting powerful toxic properties. He therefore discarded its use altogether, in preference to a weak carbolic acid solution.

Regarding the preparation of antiseptic dressings he said that the surgical gauze or cotton coming into commerce should merely be aseptic; its antiseptic property being imparted to it immediately before using it.

To sterilize gauze or cotton completely, it should be treated for some time in steam and afterwards dried at a high temperature. If the dressing, thus treated, is wrapped in packages of two thicknesses of filter paper, it will remain aseptic for an indefinite period, even although the outer covering becomes soiled.

To render the dressing antiseptic, it is only necessary for the surgeon to immerse it, for a few moments, in a three per cent. solution of carbolic acid.

In this way antisepsis is insured, danger of poisoning is avoided, and the expense considerably lessened.— *Gazette Hedomadaire*, Oct. 11, 1889.

Perspiring Feet.

Not long ago the relative values of various remedies for the treatment of perspiring feet were being tested by military surgeons abroad. A weak chromic acid solution seemed to yield the best results and was adopted for the German Army. Still, the acid solution is not entirely satisfactory, since it must be used most cautiously and, when applied to sore feet, not unfrequently gives rise to severe inflammation.

A simple and perfectly harmless preparation is the following:

℞ Talc . . . . . 10 parts
Alum . . . . . 2 parts

Mix, and dust freely and frequently on the feet.

This preparation has proved most efficacious and is largely used in the Swiss Army.

Saccharin.

Saccharin is said to be a powerful antiseptic. A solution of saccharin of a strength of 1 to 500 is an active germicide. A most efficient, and at once inexpensive antiseptic mouth wash can be made by preparing a six per cent. solution of saccharin in water. A teaspoonful of the drug to a pint of water would about make this proportion.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

EARLY DIAGNOSIS OF PREGNANCY.

All practitioners are aware of the importance of observations which tend to make the diagnosis of pregnancy, during the first three months, easy and positive. Within the past few years the resources of the diagnostic art have been increased by the addition of Hegar's and what, for want of a better name, may be called the "fat-bellied jug" sign of early pregnancy. These signs were discussed Editorially in the REPORTER, November 24 and December 29, 1888. The bluish or violet discoloration of the vagina, as a diagnostic mark of pregnancy, and its true value, have also been more fully elucidated through the labors of Chadwick and others. With a thorough appreciation of these signs the practitioner who is skilled in making the bimanual examination should be able to make a very certain, if not a positive, diagnosis of pregnancy after the end of the sixth week in a large proportion of cases. This proportion depends mainly on the examiner's skill, and also on the willingness of the patient to submit to examination. An unruly patient, who tosses about during examination, or who vigorously contracts the abdominal muscles, can often prevent even an expert from drawing more than a suspicion from his examination, as to the conditions present. It is difficult also to arrive at a satisfactory conclusion from the examination of corpulent persons, no matter how willing they may be. Furthermore, pregnancy may be complicated by vaginitis, unilateral salpingitis, or other pelvic inflammation, rendering an examination so painful as to prevent accurate conclusions being drawn. And when we add to these the women who will not submit to an examination, or who are not asked to, it is plain that, in spite of the great value of the signs named in the diagnosis of early pregnancy, there remains a certain percentage of cases, in which these signs are either not available, or are insufficient.

In a contribution to the *Journal of the Amer. Med. Association*, Dr. Llewellyn Eliot discusses the pulse-test, or Jorissenne's sign of pregnancy. Dr. Eliot states that a remarkable constancy in the pulse-rate exists during pregnancy, no matter what position the gravid woman assumes. He tabulates nineteen cases in which this point was noted. The variation in the pulse-rate, taken with the subject standing, sitting and lying, was usually from two to four beats per minutes, and the extreme variation was six beats.

According to Flint, the pulse in woman is: standing, ninety-one; sitting, eighty-four; lying down, eighty. This is the average of a large number of observations. He states, however, that in some women the attitude hardly affects the pulse-rate. The pulse sign of pregnancy is not generally employed in the diagnosis of that condition. Nor, at first thought, does it seem that the test will prove generally reliable.

The difference in the variation for the pregnant state, as given by Dr. Eliot, and that of the non-pregnant state is not great; and, as the pulse-rate is liable to be altered at any moment by emotional or other influences, the chance of error is clearly great. However, theoretical considerations should have little weight in a practical matter. This sign is certainly worth looking for; and, should further observations demonstrate its reliability, it will prove of very great value indeed, especially in the class of cases in which the more usual methods of diagnosis are not available.

THE CENSUS AND VITAL STATISTICS.

The last meeting of the American Public Health Association, which was held in Brooklyn, October 22–24, was one of great importance; and the papers read of a very high degree of interest.

Foremost among these was a paper read by Dr. John S. Billings, on the subject of "The United States Census in its Relation to Sanitation." Dr. Billings emphasized the importance of the collection of vital statistics, which many men do not regard as so important as other work in behalf of public health. In order to convince the press and the community that the work of a board of health is necessary, he said, we must produce constant, undeniable evidence; and this evidence must be mainly death-rates, to which should be added all the sickness-rates obtainable. To do this there must be a complete registration of deaths and births, and an enumeration of the whole population. Before the Association meets again, the eleventh United States census will have been taken, and its methods and results are of great interest to all sanitarians. One of the most important questions to be settled before the census is taken is, "What shall be the boundaries of the special districts of the city for which a separate statement of the population is desired?" In some cities the wards form fairly satisfactory districts for the purpose. Where this is the case it makes the problem very easy; but in many cities these divisions bear no proper relation to different sanitary conditions; therefore in about a dozen of our large cities it is proposed to make a systematic division of the area into sanitary districts having special relations to altitude, character of habitations or of population, etc., and to have special death-rates calculated for each of these districts. This, Dr. Billings says, is being done, in conference with the health authorities of these cities, and it is hoped that in this way some very interesting data will be obtained which will serve as a foundation for sanitary work in the future. He advocated also the plan of charging all deaths occurring in hospitals to the ward or district of the city from which the patient was taken to hospital. In cases of death of colored persons it is very desirable that it should be stated whether the decedent was black or of mixed blood, such as mulatto or quadroon; since one of the most important questions in the vital and social statistics of this country relates to the fertility, longevity, and liability to certain diseases of those of partly negro and partly white blood. For all cities of ten thousand inhabitants and upward, it is proposed to collect as complete information as possible with regard to altitude, climate, water-supply, density of population, sewerage, proportion of sewered and non-sewered areas, and other points bearing on the healthfulness of the place which permit of comparison with the death-rates. The cordial co-operation of all physicians and sanitarians is solicited in making the data of these reports accurate and complete. It is desired to make these vital statistics an unanswerable argument in favor of systematic public sanitary work and of the granting of State and municipal funds necessary for maintaining such work.

We most heartily commend these views of Dr. Billings to the attention of our readers. Most of them have probably had reason to regret the exceedingly great imperfection in

the methods of collecting and tabulating vital statistics in this country which are now in use; and it is to be hoped that they will not fail to appreciate the present opportunity of co-operating with so able and so devoted a sanitarian as Dr. Billings in bettering the existing state of affairs. It is fortunate that the Government has placed so competent a man at the head of this department of census work, and we trust that the readers of the REPORTER will neglect no means of aiding him in making it an important help for many years to come to all who are interested in promoting measures for improvement of the public health.

EXPERIMENTAL INVESTIGATION OF HYDROPHOBIA.

In the matter of the disease known as hydrophobia there are uncertainties and contradictions of observation and experience which makes it still the most obscure subject in the whole round of medical science. A careful comparison of the symptoms ascribed to it in ancient and modern writings, with those observed in a number of better understood disorders, compels the conviction that many cases reported as hydrophobia ought to be classified differently. The commonly held ideas in regard to its symptomatology bear the marks of ignorance and superstition, and its pathology is—we may say—utterly unknown. The ablest students of the subject are agreed that there is nothing characteristic and peculiar to be found in the bodies of men or of animals dying of rabies or hydrophobia; and in this, as Bollinger has pointed out, in his chapter on the pathological anatomy of hydrophobia, in Ziemssen's Cyclopedia, we are in the same state of ignorance as we are in regard to the pathological anatomy of epilepsy, tetanus and chorea.

It is not surprising, then, that many medical men hailed with delight and accepted with alacrity the suggestion of Pasteur that an absolute diagnosis of the presence of genuine hydrophobia—or rabies humana—can be founded upon the effect of inoculation of the substance of certain parts of the body upon the bodies of previously healthy animals.

Confidence in this method is founded upon two sorts of reasoning: first the deductive, which characterized the original announcements of Pasteur; and second, the inductive, which characterizes his later work and that of his followers. The former may have been as correct as it was unquestionably brilliant, but the latter has more elements of stability and deserves more consideration. The former met with as strong antagonism on the part of a few critics as championship by many admirers of the eminent savant who propounded it; the latter likewise has been, on the one hand, opposed at every step, and, on the other, endorsed and commended as it went along. The truth in regard to it cannot be said to be incontrovertibly established as yet; still, the evidence which will ultimately settle its correctness or incorrectness is accumulating; and we may be nearer a final determination than appears.

One thing, at least, is lacking before the end can be obtained, namely the demonstration that nothing beside the so-called "virus" of Pasteur is capable of producing the manifestations usually attributed to experimental rabies. This is necessarily very hard to demonstrate, because, no matter how many substances may be tested in this way, it is still possible for a caviller to claim that something yet untried might produce the same effects; and it must be admitted that heretofore no systematic attempt has been made to perform so extensive a series of experiments as would exclude any large number of substances, normal or abnormal, from the category of those which may produce phenomena analogous to those produced by Pasteur's virus of rabies.

The attention of our readers has already been called, simultaneously with their an-

nouncement, to the experiments of Spitzka with various irritating materials, and to those of Peyraud and Trasbot with tanacetic acid —in regard to the latter of which the most surprising ignorance is manifested by certain experimenters and authors.

The best contribution to filling this gap in the argument of Pasteur and his followers, with which we are familiar, is that of Dr. Arnold Paltauf, of the University of Vienna, as reported in a paper in the *Vierteljahresschrift für Gerichtliche Medicin*, October, 1889. Some familiarity with the literature of hydrophobia warrants the statement that the paper of Dr. Paltauf is one of the most admirable contributions to it which has ever appeared. What concerns us most at present, however, is the fact that he is thoroughly convinced of the reliability of the "inoculation test" of the genuineness of a suspected hydrophobia. In corroboration of his opinion, he cites a number of experiments on rabbits with fragments of medulla oblongata taken from the bodies of individuals who had died of epilepsy, acute delirium, acute mania, delirium tremens, tetanus and eclampsia. None of these experiments resulted in manifestations similar to those produced by inoculation with the virus believed to be that of hydrophobia, or rabies.

Striking as these results are, it may be that they are not as conclusive as they appear; for other experimenters may have a different experience. This would not be surprising; for contradictory observations are not unknown in experimental pathology. Paltauf himself gives some space to combating the claims of Shakespeare, in the *Centralblatt für Bakterien-und Parasitenkunde*, 1889, Band II, No. 18, that experimental tetanus can be produced by inoculation with the medulla of tetanic subjects; and it is possible that his own negative results with the disease named above may be opposed by positive results obtained by other experimenters.

The length of this Editorial precludes further discussion at present of the subject in hand; but we would be glad if it attracted attention to a matter about which we have some decided opinions, and which invites to careful and unbiased study. Justice to the truth demands that such excellent work as Paltauf has done should receive due recognition; and no one who seeks the truth should hesitate to recognize its importance. It need not be taken as settling the very serious question of the nature of hydrophobia; but it deserves all the respect which is accorded by fair-minded men to careful and conscientious scientific investigation.

INTEGRITY IN MEDICAL COLLEGES.

It is a sign full of good omen that just now the attention of the members of the medical profession in this country is being called, in a number of different places, to the shame of dishonesty. For some years past there has been an apparent indifference in the profession to the questionable methods of some medical journals and medical schools, and, indeed, of certain medical practitioners. But now there seems to be a sort of awakening, and from various directions indications appear that it is only a temporary and seeming success which can be secured by ways which honorable men do not approve. It is well, we think, that responsible medical journals should, when occasion offers, express the sentiment of the best part—and by far the greater part—of the profession, so that those who might mistake its silence may understand clearly that the way to attain true success is to avoid not only the committal but also the appearance of evil. Not long ago, one of our contemporaries pointed out the practical deception in the way in which a medical school printed the names of its graduates and matriculants, so that a false impression might be made as to their numbers. This is a fault which may not be very serious in itself, and one which admits of a plausible explanation; but it shows the natural inclination

to swerve from the path of exact rectitude when there is some temptation to do so. Instances of like frailty might be cited from a number of medical schools in this country, but at this time a single case is enough to suggest the thought we wish to present, and to justify our pointing to the general sentiment of the profession, which, if properly appreciated, will no doubt prove sufficiently strong to correct a number of errors which now exist, so that these fountains of instruction may furnish also examples of general management and of personal character which their alumni may not fear to cite as ideals of what such institutions should do and be.

THE WATER-SUPPLY OF PHILADELPHIA.

It is with great regret that we note the fact that, on October 29, seven physicians of Philadelphia who are well known to their fellows in the profession and to the community, addressed a letter to the Board of Health urging it to adopt a resolution requesting the citizens to "boil all drinking water." The reasons given for making the alarming suggestion are so vague and expressed in such general terms that it is not easy to pick out a definite assertion for examination; but the burden of the complaint seems to be that the present water-supply of Philadelphia is injurious to the health of the citizens.

This the signers of the letter indicate by using the expression "the acknowledged unwholesomeness of our water-supply." In doing so, however, they are simply joining their names to those of others who have brought an unfounded accusation against the water of this city, and who have been unable to justify their statements by any evidence of a scientific character. Whatever may be true in regard to defects in the water-supply of Philadelphia, one thing is certain, and that is that the persons who have thought it dangerous to health have found it much easier to say so than to prove it.

As a large part of the complaint about the Philadelphia water is supposed to be justified by the prevalence of typhoid fever it is interesting to note that the *Ledger*, November 29, 1889, contains a carefully prepared editorial, showing that typhoid fever occurred relatively less frequently in Philadelphia from 1880 to this time than it did in the decade from 1860 to 1870; while the known and estimated mortality from typhoid fever in 1889 will be almost exactly the same, with a population of nearly a million, as it was in 1865, when the population was about six hundred thousand. This statement will not surprise any person familiar with the vital statistics of Philadelphia; but it places in a strong light facts which seem to be unknown to some of our medical men.

The facts as just given are of great significance, for they present the case of typhoid fever in Philadelphia under conditions not only of increase in the population of the city but also of increase of population and of assumed pollution in the whole Schuylkill Valley.

The old adage *ex uno disce omnes* applies to the present discussion. It is with no intended disrespect to the signers of the paper referred to above that we call attention to the fact that eminence in the medical profession should make those who enjoy it especially careful in expressing opinions on subjects of which they have only a general knowledge.

No careful study of the water-supply of Philadelphia has ever been made which furnished any good evidence that it is unwholesome or unfit for drinking without boiling.

This fact may not, and does not, affect the large and important matter of getting, if possible, still more agreeable drinking water; but it suggests that regard for their reputation for sagacity should prevent representative medical men from making assertions which neither they nor anybody else can establish when challenged to do so.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M. D., LL. D., F. R. C. P., Professor of Obstetric Medicine in King's College, etc. Fifth American, from the Seventh English edition. With notes and additions by Robert P. Harris, M. D. With five plates and two hundred and seven illustrations. 8vo, pp. xxv, 671. Philadelphia: Lea Bros. & Co., 1889. Price, cloth, $4.00; sheep, $5.00.

Playfair's Obstetrics is so well known to English readers, that it is unnecessary to draw attention to its special features in detail. The fact that it has passed through seven editions in Great Britain and five in this country is ample evidence that the profession appreciates its compact form, pleasing style, and its thoroughly practical exposition of the subject. The present edition has been quite fully revised, especially by the American Editor, whose contributions to earlier editions have been in great part re-written. The author could have still further improved the work by more extensive revision.

The amount of space devoted to the subject of abdominal palpation is entirely inadequate, and the student will be utterly unable to obtain results in diagnosis from the teaching here presented. The author speaks of autogenetic and heterogenetic infection in puerperal septicemia. This is not in accord with modern views, since it is now held that all infection must come primarily from without. But it accords with what is now well known to be true, namely, that the vagina contains large numbers of micro-organisms, which doubtless at times prove the source of infection in septicemia—no other infectious material reaching the puerpera. The section devoted to antiseptic and germicidal agents could be improved upon by insisting upon the evil as well as the good which may result from the use of these substances. The use of boiled water as a means of cleanliness is not appreciated. The chapter devoted to pelvic cellulitis and pelvic peritonitis does not reflect the opinion held by certain abdominal surgeons that these inflammations are simply complications and secondary effects of tubal and ovarian disease, as was held by Bernutz many years ago. Ante-mortem and post-mortem sections must settle this question. The truth probably is that, while salpingitis is a much more important and frequent cause of puerperal peritonitis and cellulitis than is taught by the author, these diseases are not uncommon in puerperæ, the route of infection being other than the Fallopian tubes.

The work of the Editor has added much to the value and freshness of this book, especially in the sections devoted to the Cæsarean Section and allied subjects. We can but think that no little part of the interest now felt in the Cæsarean Section is due to the work of Dr. Harris, in studying the history of the subject, and especially the causes of success and failure attending this operation. In spite of the lack of thorough revision by the author of this book, it is undoubtedly one of the best and by far the most readable of the shorter treatises on obstetrics.

—The suggestion is made that New York might get out of its electric execution dilemma by putting condemned murderers at work as telegraph linemen in New York City.

CORRESPONDENCE.

A Correction.

TO THE EDITOR.

Sir: In the REPORTER of November 30, 1889, you published a review of my little work entitled "Questions and Answers on the Essentials of Medical Chemistry."

While thanking the reviewer for endeavoring to point out some errors and omissions, I feel called upon to revise his would-be corrections. He states that "on page 41 Cl is called a heptad and N a diad." The latter is simply a typographical error, and would arise by its third position in a progressive series; and I trust that my reputation as a chemist insures me against being thought capable of presenting nitrogen in that role.

As to chlorine being a heptad, I would like to ask my reviewer if, besides being a monad, triad and pentad, it is not also a heptad; or: if Cl, I and Mn are not septivalent, which elements are septivalent, or how can septivalency be illustrated otherwise?

As to the supposed error pointed out by my reviewer of giving the specific gravity of the NaOH solution in Fehling's test as 1.34, when according to him it ought to be 1.14, it is probably due to the fact that my reviewer did not read my formula closely enough. I give only 100 c.c. NaOH solution for the 500 c.c. alkaline Seignette solution instead of the often used 300-350 c.c. solution of the specific gravity of 1.14. Fehling, and after him Soxhlet, who has so thoroughly gone over this field, give no specific gravity for NaOH solution in Fehling's test but state that in one litre of the solution (both alkaline and cupric) there should be about 50 grammes NaOH (see Fresenius' Analysis). To give 1.14 as the sp. gr. for 100 c.c. NaOH solution to be used would yield a reagent decidedly deficient in alkalinity. It does not matter, therefore, what the specific gravity of the NaOH solution used may be if the amount is in proportion to the total NaOH required. The formula of Fehling's solution published by me is *correct*, and is used and advocated by many of our most prominent physiological chemists. It may be found in T. Cranstorm Charles' celebrated work on physiological and pathological chemistry, and in many of the later German works, as well as those by some American authors, and is that used at the chemical laboratory of the Jefferson Medical College.

I offer this simply as a correction for what might have led your readers to think wrong.

Yours truly,

L. WOLFF, M.D.,
Demonstrator of Chemistry, Jefferson Medical College.

Philadelphia, Dec. 3, 1889.

NOTES AND COMMENTS.

Iodide of Potassium.

At a meeting of the French Academy of Medicine, Dr. Germain Sée read a very interesting paper on "How Iodide of Potassium acted on the Heart." He commenced by saying that although ten years had elapsed since he introduced into medical practice the treatment of asthmatic and cardiac affections by iodide of potassium, yet nobody has ever inquired how it acted in such cases. All the actions of the two salts were not the same; that of potassium excited the heart and the vaso-constrictor nerves, and consequently raised the pressure of the blood, while the iodide of sodium did not do this. Injections of both salts into dogs were made, and the blood pressure in the femoral and carotid arteries recorded. The injection was made into the saphena vein. With the iodide of potassium the blood pressure arose immediately several centimetres and remained stationary for a considerable time. At the end of an hour a gradual descent took place. The vaso-constriction is to be attributed to the potassium, and the vaso-dilatation to the iodine. Iodine usually provokes a congestive condition of the bronchial mucous membrane, this being due to the vaso-dilatation of the vessels. The first and principal of these therapeutic congestions is that which occurs in the respiratory organs, producing a veritable hyper-secretion. Thus it results that the viscous and adherent exudation of mucus which characterizes the troublesome expectoration of asthmatics is softened and replaced by a liquid secretion, and consequently the air penetrates more freely and the dyspnœa ceases so soon as the iodine commences to act. The cardiac organ is materially strengthened, the circulation of the coronary arteries receives a considerable impulse as well as in the whole arterial system, as a result of its action on the nervo-muscular system and the myocardia in particular. The phenomena due to the iodine soon appear, in which are manifested the general vaso-dilatation, and, as a consequence, the heart, in order to propel the blood through its own arteries and into its own tissues, is no longer obliged to furnish the same amount of work as in the former state, as the tonicity of the arteries, the natural obstacle, is modified. Hence the organ, far from being depressed and weakened, beats with renewed energy and strength, and the sphygmograph indicates a full and strong pulse. For a long time Dr. Germain Sée has recognized the utility of iodine in several heart affections, and only in cases where it determined hemorrhage or gastric troubles did he refrain from prescribing it. When the dyspnœa is pulmonary from venous congestion, or œdema, iodide of potassium is given with best advantage. The cardiac affections which are mostly benefited by this treatment are adiposis, fatty degeneration, weakened heart, cardialgia, nervous or organic irregularity of the heart. As to the aneurism of the aorta, iodide of potassium is the only remedy that gives real satisfaction. In conclusion the author said iodide of potassium was the true cardiac agent. Far from being a depressor, it was particularly useful in mitral lesions with debility. It raises the energy of the heart and the vascular pressure. Then, in dilating the arteries, the flow of blood is faciliated and the organ recovers its contractile powers. — *Medical Press and Circular*, October 23, 1889.

Creasote in Phthisis.

The literature on this subject is increasing. From a paper emanating from the Greifswald Klinik of Professor Mosler, we learn the method in which it was employed in a comparatively large number of cases, and the results obtained after careful observation. The patients were fifty-three in number, and the mode of administration was by capsule, and in a mixture with tincture of gentian. The dose was small at first, and there were but few complaints of its disagreeing. Its reported effect in reducing the temperature was not confirmed. Thirty cases distinctly improved under its use, and in twelve of the number the improvement could not be put down to any other cause than the drug used. In the lighter cases of hemoptysis it had an action apparently favorable, as the expectoration became less

and the hemorrhage ceased. Bronchial secretion and cough constantly diminished, but the sputum still contained tubercle bacilli. The improvement was the greater in proportion to the quantity of creasote borne. If the results in far advanced phthisis were nil, the drug was certainly to be recommended in commencing disease, and in those chronic cases which had not advanced too far.

Professor Sommerbrodt, of Breslau, treats of the same subject in the *Therap. Monatsch.*, July, 1889. He maintains that creasote is an anti-bacillery remedy of the first order. Guttmann affirms, that in order that the body may be in a state of perfect disinfection, more than one gramme of creasote must be in circulation at once. Sommerbrodt has given this daily dose to hundreds of phthisical patients. One patient took nearly nine ounces of creasote, and thirty-five ounces of Peruvian balsam between September 1, 1888, and the beginning of June, 1889. The result was extraordinarily favorable. The chief thing to be careful about, is to give the medicine on a full stomach. The more creasote is borne the better the effect. Notwithstanding the experiments of Cornet which showed that the incorporation of creasote did not hinder the growth of the bacilli, this does not impair the professor's faith in the direct antagonism of creasote to tubercular infection. Small doses are of no value, but fifteen to twenty grains given daily for months together can alone produce any effect.—*Medical Press and Circular*, Oct. 30, 1889.

Extra-Genital Syphilis in Moscow.

Professor Pospèloff, of Moscow, has recently published an account of the extra-genital syphilis which he has met with, amongst the working-class population in Moscow. He has seen a great many more of these cases amongst women than amongst men, the actual figures being fifty-two male and 146 female cases. The most common seat of these non-venereal sores is the mouth. This kind of infection is mainly due to the dirty habits of the people, who habitually eat together out of the same vessel, and even with the same wooden spoon, which, if any of the persons using it are syphilitic, soon becomes a fruitful source of infection. Again, it is found that in small factories and sewing shops the workwomen very frequently suffer from extra-genital syphilis, showing that cleanliness and sanitary supervision are very defective.—*Lancet*, Nov. 2, 1889.

Toxic Nephritis.

A discussion took place at the recent Congress of the Italian Society of Medicine, upon Bright's diseases, in which the views of Semmola, as to the dependence of albuminuria upon the malassimilation of proteids were in part adopted by M. Rattone, who further declared that nephritis is not invariably due to a primary renal lesion, but to a transmission, through the kidney, of substances which have a toxic action and produce inflammation of the vessels of the connective tissue and epithelium. In the majority of cases acute nephritis is, he thinks, due to the introduction of an organic (microbe or its product) or inorganic poison.—*Lancet*, Nov. 9, 1889.

Death from Rabies after Treatment by Pasteur.

A sad case is reported in the *London Med. Recorder*, Oct. 21, 1889. A man was bitten by a dog on March 3, 1887. The dog was at once killed, an autopsy was held and the animal was pronounced to have been suffering with rabies. The man had the wounds touched with nitrate of silver, and then went to Pasteur's Institute, where he was treated and later discharged as cured. On May 20, 1889, two years later, Dr. Desquin was called to see the man, and found him suffering with symptoms of hydrophobia. In spite of all that could be done the poor patient died in two days.

High Temperature in Children.

It is a well-known clinical fact says Dr. W. J. Tyson, in the *Lancet*, Oct. 19, 1889, that the body temperature changes quickly in children, and without this knowledge we should be constantly alarmed. He refers to cases to which one is called at night, with a temperature of 102° to 104°, a pulse varying from 100 to 150, and the respiration, as a rule, not increased in the same ratio. On visiting the child the next morning the temperature is normal, or even subnormal, and the child apparently perfectly well.

Some men will say that the medicine ordered, such as tincture of aconite, in drop doses frequently, a cooling saline, or a little gray powder, has been the means of lowering the heat. This may or may not be so. The most common cause of the elevation of temperature is probably some error in diet; another common cause is a sort of sunstroke. Children, in playing, constantly throw off their caps and hats, and are exposed to the sun for many minutes.

Digitalis in Pneumonia.

Since 1883, Dr. Petresco has treated all cases of pneumonia by means of large doses of the infusion of digitalis, one to three drachms of dried leaves to seven fluidounces of water and one and one-half fluidounces of syrup; dose, a tablespoonful every half-hour. The results have been eminently satisfactory, the attack generally aborting by the second or third day, and the physical signs disappearing altogether at the end of the third. In certain cases twenty-four hours have sufficed to enable the patient to return to work. The tolerance and non-poisonous effects of the drug were proved by 755 observations.—*London Med. Recorder*, Oct. 21, 1889.

Association of American Anatomists.

The second meeting of the Association of American Anatomists will take place in the Biological Department of the University of Pennsylvania, December 26, 27, and 28. This meeting is expected to be one of considerable interest as it is the first one since the organization of the Association; and is an attempt to unite the anatomists of this country, which it is hoped will prove successful and profitable to the development of this branch of science. The members of the medical profession are invited to attend the meetings.

Salol in Burns.

Grätzer recommends a mixture of from 2 to 3 parts of salol with 50 parts of starch as an application to inflamed and painful surfaces, bruises, burns, and painful skin diseases of all kinds. The relief is said to be great and very prompt. The remedy is simply dusted on the surface.—*National Druggist*, Nov., 1889.

Cocaine.

Dr. Szumann, in the *Therapeutische Monatshefte*, suggests some limits within which cocaine may be used with safety, a point of great practical interest. With doses for adults of one-half to three-fourths to one grain subcutaneously he saw no untoward effects; one grain, however, is adapted only to robust individuals. Some patients will, of course, bear very large doses, among them certain opium takers, who have used as much as seven to thirty-seven grains daily, though one may get toxic symptoms in such patients from an injection of one and a quarter grains.

With nervous patients, and also with those having cardiac disease, as well as those inclined to cerebral congestion, large doses of cocaine may prove dangerous on account of the marked effect on the heart and circulation. Where injections of cocaine are made about the head, not more than half a grain should be used.—*Boston Medical and Surgical Journal*, Nov. 14, 1889.

Blockley Hospital.

The third annual banquet of the Association of ex-resident and resident physicians of Blockley Hospital, was held December 3, 1889, at the Hotel Bellevue, in Philadelphia. The attendance was large, and the cheer was very good. The association elected Dr. Alfred Stillé to be President, Dr. E. R. Stone to be Secretary, and Dr. J. B. Walker to be Chairman of the Executive Committee.

Creolin Irrigations in Dysentery.

The encouraging results obtained by Kortum, Neudorfer, and Esmarch in the treatment of dysentery with irrigations of a creolin solution, have recently led Dr. Nicolaï P. Ossowsky to test its efficacy in a large number of cases of the disease occurring in soldiers. His experiences with the drug, which are reported at length in the *Gazette Hebdomadaire*, October 4, 1889, were most satisfactory. In every instance the treatment was followed by a speedy and complete recovery. In many cases all symptoms of the disease disappeared in two or three days; in few only was it necessary to continue the treatment for a week.

The irrigations were made two or three

times a day, according to the severity of the case, and a one-half per cent. solution of creolin employed. Ossowsky used a long rubber catheter in giving the irrigations so that high portions of the bowel could be reached.

Dr. Kolokoff, of St. Petersburg, has likewise used the drug in a large number of cases with equally happy results.

Nitrous Oxide and Ether.

A contributor to the *Lancet* says that the nauseous flavor and the sense of suffocation from ether can be entirely done away with by the use of nitrous oxide, and its inhalation made more agreeable than even that of chloroform, while the patient quickly becomes unconscious without the struggling so common with chloroform. The writer goes on to say, he has not yet found a single patient who has once inhaled ether preceded by nitrous oxide complain of suffocation, or object to take it again on the ground of its unpleasantness.

Mouth Washes.

Hygiene of the teeth is as important as that of other parts of the body; and prophylaxis in this direction will prevent decay as well as keep the teeth clean and the breath sweet. Monte, in the *Deutsche med. Wochenschrift*, October 31, 1889, gives the two following formulas for prophylactic mouth washes:

℞ Acidi borici . . . . . gr. xxxviij
Aquæ destillatæ . . . . . f℥vij
Tincturæ Myrrhæ . . . . . ♏xxxxviij
M.

℞ Sodii salicyl. . . . . gr. xxxxiij
Aquæ destillatæ . . . . . f℥vij
Tincturæ Myrrhæ . . . . ♏xxxxviij
M.
Sig. Wash out the mouth several times daily with either of the above formulæ.

Codeine in Abdominal Pain.

The fact that many practitioners still prefer opium to morphine in the treatment of abdominal pain, led Lauder Brunton to question whether some other alkaloid than morphine was not more powerful in cases of this sort. Barbier, in 1834, found that codeine had an especial action in lessening pain from irritation of the solar plexus, while it did not disorder digestion, and rather aids the action of the bowels. Brunton concluded from these and other experiments that codeine is likely to be of value in relieving abdominal pain, and has employed it with success especially in painful affections of the intestine and lower part of the abdomen. It is particularly valuable where morphine is to be avoided on account of the condition of the heart or lungs, or where it is desired not to interfere with the action of the bowels, on the other hand, where there is much diarrhœa it is not so serviceable as morphine or opium, because it does not lessen peristaltic movement. The dose employed is half a grain in pill.—*Boston Med. and Surg. Journal*, Nov. 14, 1889.

Treatment of a Cold.

Dr. S. Wilson Hope, in the *British Med. Journal*, Nov. 11, 1889, says that 20 grains of salicylic acid, given in liq. ammon. acet. three or four times a day, will so far control a common cold that the aching of the brow, eyelids, etc., will cease in a few hours, while the sneezing and running from the nose will also abate, and will disappear in a few days, and, more fortunate still, the cold will pass off, and not finish up, as is customary, with a cough.

Internal Urethrotomy in Cuba.

Dr. Ignacio G. Plasencia, in his inaugural address on the occasion of his admission to the Cuban Royal Academy of Medical, Physical, and Natural Sciences, gives an account of 133 cases in which he has performed internal urethrotomy. He states that from his experiences strictures treated by cutting from within do particularly well in Cuba—a good deal better than in Europe,—the climate appearing to favor this operation in a remarkable manner; urethral fever being much less frequent, and, when present, less severe, than is usually found to be the case after urethrotomy in Europe. None of his cases were complicated by purulent infection; and extravasation of urine occurred in five only of the oldest and tightest strictures, which were not operated on as soon as they ought to have been. The instrument preferred by Dr. Plasencia is the urethrotome of Maisonneuve. — *Lancet*, Nov. 9, 1889.

Cooling the Body by Spray.

Dr. S. Placzek, in the *Lancet*, Nov. 9, 1889, says that he has applied the spray for the purpose of reducing febrile temperatures in human beings. In the case of a man suffering from phthisis, whose temperature was high, he found that by spraying about a pint of water at between 60° and 70° F. over his body the temperature fell to normal, and continued so for several hours. Again, a similar method was satisfactorily applied in the case of a girl with diphtheria. In the healthy human subject the spray lowered the temperature nearly 2°, and in animals which had been put into a condition of septic pyrexia by injections of bacteria the temperature was reduced to normal by the spray.

Funeral of Philippe Ricord.

The funeral ceremonies of the great specialist were among the most impressive that Paris has seen for many years. Ricord's historic house in the Rue de Tournon was beautifully draped, and the large courtyard converted into a *chapelle ardente*.

Military honors were rendered to the deceased doctor as a Grand Officer of the Legion of Honor. The cortège, which was preceded by a military band playing Chopin's funeral march, was very long, and in it were represented various orders of nurses and religious sisters of the Parisian hospitals, the officers of a number of institutions and orders, and a very large number of the profession. The service was at the church of St. Sulpice, which was entirely draped, was very impressive and beautiful.

A most touching incident was the playing by M. Batta (an intimate friend of Dr. Ricord's) on his violoncello, the "Adieux de Marie Stuart," a favorite musical *morceau* of his deceased friend. Addresses were delivered by Dr. Pean, in behalf of the Academy of Medicine, and M. Peyron, on behalf of the Public Assistance.

Incompatible Drugs.

The *Druggist's Circular*, December, 1889, commenting on the careless prescription of incompatible drugs, says: The latest in this line comes from a correspondent of the London *Lancet* of September 28, 1889. This innocent individual states that he prescribed for a patient suffering from painful rheumatism, antipyrin with salicylate of soda, and was astonished after a few hours to find that the compound had resulted in the formation of a hygroscopic cream. Later he tried to mix antifebrin with salicylate of soda and found that the two previously white powders now formed a pink powder. The writer wants to know what the changes are in these instances; whether new compounds are formed; if so, their formulæ; and whether the pharmacological (sic) action of the drugs is destroyed by such combination. He says, further, that since he discovered the effect of the union of antipyrin with salicylate of soda he has ordered the two drugs in solution. Whether he puts them both in the same solution, or, exhibiting them in separate solutions, allows the patient to test their incompatibility in his stomach, he does not say; but in any case it is a very dangerous tampering with drugs the chemical compatibility of which has not been established.

It is to be hoped that some chemist will put these observations to the test and give the correspondent the desired information. It might be well, also, to suggest to him that this sort of chemical experimentation will some day kill its man by the development of a poison from the union of two non-poisonous compounds.

Bacteriology.

The bacterial origin of malaria was suspected many years ago, even before the invention of the microscope. In a treatise by Marcus Terentius Varro, *De Re Rustica*, written about 114 B. C., the following passage occurs in a chapter giving directions for the building of a house in the country: "Attention must be also paid as to whether there are marshy places, but for the same reasons, and because when they become dry, certain minute animals breed, which the eye cannot discern, and which borne through the air, penetrate into and within the body, by the mouth and nostrils, and propagate obstinate diseases. A situation on which the sun shines all day is more salubrious, for if any animalcules breed and are brought there, they are either blown away or they soon perish from drought." The passage is certainly a remarkable one, although it is impossible that Varro could have possessed any of our modern knowledge on the subject.—*Popular Science News*, December, 1889.

NEWS.

—The deaths of fourteen infants in London last week were attributed to "overlaying."

—Dr. William C. Krauss has been elected lecturer on Pathologie at the Niagara University Medical College.

—The University of Basle is the only one in Switzerland which still refuses to admit women to its medical teaching.

—Dr. Neumann, of Vienna, who attended Dom Luis I, the late King of Portugal, during his last illness, received a fee of about $20,000.

—Dr. Thomas J. King, a prominent physician of the "Southern Tier," died in Machias, Cattaraugus Co., N. Y., on November 5, 1889.

—A reception was given at Rochester, on November 29, to Professor Joseph Leidy, by the resident alumni of the University of Pennsylvania.

—The Municipal Council of Rome has decided to establish a training school for nurses, under the direction of Professor Durante, the well-known surgeon.

—The French Government have appropriated out of legacies left to the State, the sum of 4,000,000 francs for the erection of a French hospital in Constantinople.

—Several cases of food poisoning, one of which has terminated fatally, have recently occurred in the neighborhood of Carlisle, England, due, it is thought, to the eating of pork pies.

—During the first half of the present year, 6,796 persons were vaccinated in the town of Naples and the villages round it. Of these, 6,355 were successful, the result in 3 cases being doubtful, and in 300 *nil.*

—Mr. Henry K. Jessel, assistant to Professor Pitt, in the Department of Natural Sciences, at the Buffalo High School, has been elected Assistant in General Chemistry and Physics in the Medical Department of Niagara University.

—It is officially stated that between July, 1888, and August, 1889, 60,385 persons died of cholera in the Philippine Islands. Both the authorities and the people seem to accept the situation as quite in accordance with the eternal fitness of things.

—Dr. R. S. Huidekoper's resignation from the Veterinary Department of the University of Pennsylvania has been accepted. Mr. Charlemagne Tower, Jr., has been elected Manager of the Veterinary Hospital. Professor C. H. Dolley was added to the Veterinary Faculty as Professor of Biology.

—A syndicate of English capitalists have subscribed £1,000,000 to start and operate a beef extract and meat canning works in the Argentine Republic, and have engaged a Chicago meat packer to act as their agent. The projectors intend to compete with Herr Liebig, the famous beef extract manufacturer.

—A disease has made its appearance in the Springwater Valley, N. Y., that is said to be baffling the skill of the local physicians. The disease, according to the local lay papers, resembles malaria, during its first stage, but when treated for that develops into typhoid fever of a low form and lasting from six to eight weeks, at the end of which time death usually takes place. Up to December 5, forty cases were reported.

—Reports from Illinois, dated December 4, state that diphtheria is very prevalent in various parts of the State. A physician of Macon reports 75 cases, with 5 deaths, while two physicians of Illopolis report 57 cases with 7 deaths. At Macon and other towns the public schools have been closed. At Clinton, Ill., the United States Post Office has been quarantined on account of the spread of the disease. The disease is also prevalent in Monticello, Ill.

—Two prominent surgeons in Pittsburgh are charged with having left a pair of forceps in the abdominal cavity of a woman after a laparotomy. The presence of a foreign body was discovered by another surgeon, whom the patient had called in, and the wound was reopened and the forceps removed by him. The surgeons who made the first operation acknowledged having missed the forceps at the time, but refuse to believe that the instrument was found in the abdomen.

—Professor E. E. Eichwald, of St. Petersburg, died on November 2 of carcinoma of the bladder. Dr. Eichwald was formerly Professor of Medical Diagnosis at the Medico-Chirugical Academy of St. Petersburg; later was promoted to the chair of Clinical Medicine and made Chief Physician to the Military Hospital. It is to Dr. Eichwald that the profession in Russia owes the establishment of the clinical institute for the instruction of qualified men, which bears the name of the Princess Helena Paulovna.